

# Suicide Prevention - Identify and Treat at Risk Patients Practice Test (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

SAMPLE

- 1. Military women have a higher rate of suicide compared to non-veteran women of the same age. Is this true or false?**
  - A. True**
  - B. False**
- 2. Physical illness contributes significantly to what percentage of suicides?**
  - A. 20%**
  - B. 40%**
  - C. 50%**
  - D. 60%**
- 3. What is the primary purpose of a suicide assessment?**
  - A. To diagnose mental illness**
  - B. To identify risk factors and needs**
  - C. To determine treatment plans**
  - D. To screen for general health**
- 4. What information is critical to assess the severity of suicidality?**
  - A. Age of the patient**
  - B. Presence of suicidal ideation**
  - C. Their employment status**
  - D. Social media activity**
- 5. What is effective in treating symptoms such as anxiety and insomnia among patients with suicidal thoughts?**
  - A. Psychotherapy only**
  - B. Monitoring and prescribing specific treatments**
  - C. Social support networks**
  - D. Alternative therapies**

**6. Is a thorough psychiatric evaluation indicated during a suicide assessment?**

- A. Yes, always necessary**
- B. No, it is not indicated**
- C. Only if the patient exhibits severe symptoms**
- D. Yes, if risk factors are present**

**7. Why should clinicians ask about any negative consequences from substance use?**

- A. To establish rapport**
- B. To collect data for research**
- C. It is a standard part of the assessment process**
- D. It is not necessary in most cases**

**8. Suicide rates are highest for men at what age?**

- A. 15**
- B. 25**
- C. 45**
- D. 55**

**9. What proportion of individuals who commit suicide are often dependent on alcohol at the time?**

- A. About one-quarter**
- B. Nearly half**
- C. One-tenth**
- D. Over three-quarters**

**10. What factor could contribute to a decrease in suicide risk?**

- A. Isolation from others**
- B. Having a supportive social network**
- C. Substance dependency**
- D. Experiencing frequent crises**

## **Answers**

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- 1. A**
- 2. C**
- 3. B**
- 4. B**
- 5. B**
- 6. B**
- 7. C**
- 8. C**
- 9. A**
- 10. B**

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## **Explanations**

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**1. Military women have a higher rate of suicide compared to non-veteran women of the same age. Is this true or false?**

**A. True**

**B. False**

Research indicates that military women do indeed experience a higher rate of suicide compared to non-veteran women of comparable age groups. This increased risk can be attributed to various factors, including exposure to combat, the stresses of military life, mental health challenges, and difficulties in reintegrating into civilian life after service. Additionally, issues such as trauma, sexual harassment, and discrimination within the military environment can contribute to mental health struggles that may lead to suicidal ideation or attempts. Understanding this disparity is crucial for implementing targeted prevention strategies and providing appropriate support for military women.

**2. Physical illness contributes significantly to what percentage of suicides?**

**A. 20%**

**B. 40%**

**C. 50%**

**D. 60%**

Physical illness is a significant factor in the risk of suicide, with studies indicating that it contributes to around 50% of suicides. This is particularly pertinent for individuals suffering from chronic conditions, debilitating diseases, or severe pain, which can lead to feelings of hopelessness and despair. The impact of a physical illness can exacerbate mental health issues, leading to increased vulnerability to suicidal thoughts and behaviors. Understanding the interplay between physical health and mental health is crucial for identifying at-risk patients. The statistic emphasizing that 50% of suicides are related to physical illness highlights the importance of comprehensive assessments in healthcare. It signals the need for integrated care approaches that address both physical and mental health needs, allowing for better identification of individuals who may require intervention or support.

### 3. What is the primary purpose of a suicide assessment?

- A. To diagnose mental illness
- B. To identify risk factors and needs**
- C. To determine treatment plans
- D. To screen for general health

The primary purpose of a suicide assessment is to identify risk factors and needs associated with a person's mental state and circumstances. This assessment focuses on understanding the individual's current emotional and psychological situation, recognizing warning signs, and identifying specific risk factors such as a history of mental illness, substance abuse, recent life stressors, or prior suicidal behavior. By concentrating on risk factors and needs, a suicide assessment helps clinicians to gauge the immediacy and severity of suicidal thoughts, intentions, and behaviors, allowing for more tailored and effective interventions. This includes establishing the level of risk, whether it is acute or chronic, and understanding the individual's needs for support and coping strategies. This foundational step is crucial for ensuring that appropriate resources and treatment options are made available to those at risk. The other choices, while relevant to various aspects of mental health care, do not encompass the primary function of a suicide assessment as comprehensively as identifying risk factors and needs does. For instance, diagnosing mental illness and determining treatment plans are processes that can occur following the identification of suicide risk, but they are not the primary focus of the initial assessment. Likewise, while screening for general health is important, it is not specific to the urgent need to assess suicidal risk.

### 4. What information is critical to assess the severity of suicidality?

- A. Age of the patient
- B. Presence of suicidal ideation**
- C. Their employment status
- D. Social media activity

Assessing the presence of suicidal ideation is crucial in determining the severity of suicidality. Suicidal ideation refers to the thoughts or plans of self-harm or suicide, which are direct indicators of an individual's mental state. Understanding whether a patient has active thoughts of suicide can help healthcare professionals gauge the immediacy and seriousness of the risk they may pose to themselves. Identifying the nature of these thoughts, such as their frequency, intensity, and any specific plans regarding how they would carry them out, provides essential insight into the patient's mental health status. This information is pivotal in formulating an appropriate safety plan and determining the level of intervention required, which can range from outpatient counseling to emergency psychiatric care. Other factors, while relevant for a comprehensive assessment of a person's overall situation, do not have as direct an impact on measuring suicidality as the presence of suicidal ideation does. Age, employment status, and social media activity can provide context and background but are not definitive indicators of one's suicidal thoughts or intentions.

**5. What is effective in treating symptoms such as anxiety and insomnia among patients with suicidal thoughts?**

- A. Psychotherapy only**
- B. Monitoring and prescribing specific treatments**
- C. Social support networks**
- D. Alternative therapies**

Monitoring and prescribing specific treatments is effective in treating symptoms such as anxiety and insomnia among patients experiencing suicidal thoughts because it allows healthcare providers to take a comprehensive and individualized approach to treatment. This method enables clinicians to assess the severity of symptoms and determine the most appropriate pharmacological interventions or therapies tailored to each patient's needs. For individuals with suicidal thoughts, symptoms of anxiety and insomnia can exacerbate their mental health challenges, making it crucial to address these symptoms through appropriate medications, such as antidepressants or anxiolytics, when necessary. Additionally, ongoing monitoring ensures that any side effects or changes in symptoms can be promptly addressed, helping to enhance the overall safety and efficacy of the treatment plan. While psychotherapy, social support networks, and alternative therapies can play a valuable role in a holistic treatment strategy, they may not provide the immediate relief that some patients need for acute symptoms like anxiety and insomnia. Therefore, a combined approach that includes monitoring and specific treatments can significantly improve patient outcomes in this context.

**6. Is a thorough psychiatric evaluation indicated during a suicide assessment?**

- A. Yes, always necessary**
- B. No, it is not indicated**
- C. Only if the patient exhibits severe symptoms**
- D. Yes, if risk factors are present**

A thorough psychiatric evaluation is a critical component of a suicide assessment because it helps to ensure that all relevant mental health factors are taken into account. During a suicide assessment, it is essential to systematically evaluate a patient's mood, thoughts, behaviors, and any underlying mental health conditions. This comprehensive approach allows clinicians to identify risk factors such as previous suicide attempts, substance abuse, or family history of mental illness, which can significantly influence suicide risk. When a thorough psychiatric evaluation is conducted, it not only assists in determining the immediate risk but also helps in formulating a tailored treatment plan designed to address specific needs and vulnerabilities. Even if a patient does not exhibit severe symptoms at the moment, underlying issues may still be present and can lead to increased risk over time, making an evaluation necessary regardless of the current severity of symptoms. In cases where risk factors are evident, a detailed evaluation can provide critical insights that can alter the potential treatment pathway and facilitate interventions that could save lives. Therefore, stating that a thorough evaluation is not indicated overlooks the complexities involved in assessing and managing suicidal patients.

**7. Why should clinicians ask about any negative consequences from substance use?**

- A. To establish rapport**
- B. To collect data for research**
- C. It is a standard part of the assessment process**
- D. It is not necessary in most cases**

Clinicians should inquire about any negative consequences from substance use because this is a critical aspect of comprehensive patient assessment. Understanding the detrimental effects of substance use helps healthcare providers accurately gauge the severity of a patient's situation and tailor interventions more effectively. Assessing for negative consequences allows the clinician to identify patterns of substance use that may contribute to mental health issues, assess the potential for suicide risk, and formulate a treatment plan that addresses both substance use and related health concerns.

Establishing rapport is important in clinical practice, but it is secondary to the necessity of collecting crucial clinical information. While data collection for research is a valuable activity, the primary focus in this context is immediate patient care rather than research-oriented data gathering. It is essential for clinicians to adhere to established assessment protocols, which include discussions about substance use and its repercussions, ensuring a holistic view of the patient's health and well-being.

**8. Suicide rates are highest for men at what age?**

- A. 15**
- B. 25**
- C. 45**
- D. 55**

The answer indicating that suicide rates are highest for men at the age of 45 is supported by research and data from various health organizations, which show that middle-aged men, particularly those in the 45 to 54 age range, often experience the highest rates of suicide. Several factors contribute to this trend, including social isolation, economic stress, mental health issues, and the cumulative impact of life challenges that might intensify during these years. Men in this age group may also face significant pressures related to career dynamics, family responsibilities, and personal expectations, which can manifest as psychological distress. Understanding this demographic is crucial for creating targeted interventions aimed at reducing suicide rates among men in this age category. Highlighting their specific mental health needs and providing resources can be instrumental in prevention efforts. While younger ages may also show concerning rates of suicide, particularly in light of various social factors, it is the middle-aged group that consistently exhibits the highest statistics, making it an important focus for suicide prevention strategies.

**9. What proportion of individuals who commit suicide are often dependent on alcohol at the time?**

- A. About one-quarter**
- B. Nearly half**
- C. One-tenth**
- D. Over three-quarters**

The correct response reflects the research findings indicating that approximately one-quarter of individuals who take their own lives have a history of alcohol dependence or were under the influence of alcohol at the time of the suicide. Alcohol use can significantly impair judgment, reduce inhibition, and contribute to feelings of despair or hopelessness, making it a critical factor for those at risk of suicide. Understanding the role of alcohol in suicide is vital for clinicians and mental health professionals as it highlights the need for comprehensive assessments and tailored interventions for individuals who may struggle with both substance use and mental health issues. By recognizing that a significant portion of those who commit suicide may have alcohol dependencies, practitioners can better strategize their screening and treatment protocols, ultimately aiming for interventions that address both alcohol use and the underlying mental health concerns that may accompany it.

**10. What factor could contribute to a decrease in suicide risk?**

- A. Isolation from others**
- B. Having a supportive social network**
- C. Substance dependency**
- D. Experiencing frequent crises**

Having a supportive social network is a crucial factor that can significantly contribute to a decrease in suicide risk. Strong social connections provide emotional support, reduce feelings of isolation, and foster a sense of belonging. When individuals feel that they are part of a community and have people they can turn to in difficult times, it can greatly enhance their resilience against mental health challenges. This network can offer encouragement, assist with problem-solving, and help individuals navigate through crises, all of which are essential in preventing suicidal thoughts and behaviors. In contrast, isolation from others can exacerbate feelings of loneliness and despair, while substance dependency can complicate mental health issues and elevate risk factors for suicide. Experiencing frequent crises may increase stress and feelings of hopelessness, making it more difficult for a person to cope. Therefore, a supportive social network acts as a protective factor, making it an essential element in suicide prevention strategies.